MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-415

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

06156

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
LENGTH OF STAY (in this place): Lifetime
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Chestertown

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Kent — COUNTY:
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Rural
STREET ADDRESS (If rural, give location): Chestertown

3. NAME OF DECEASED (Type or Print): (First) Daniel (Middle) E. (Last) Barrett
4. DATE OF DEATH: (Month) 6 (Day) 29 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: Colored
7. ~~SINGLE~~, MARRIED, ~~WIDOWED~~, ~~DIVORCED~~ (Specify): Married
8. DATE OF BIRTH: 1862
9. AGE last birthday: 90 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer - farm
10b. KIND OF BUSINESS OR INDUSTRY: Laborer
11. BIRTHPLACE (State or foreign country): Kent County
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: John Barrett
14. MOTHER'S MAIDEN NAME: Charlotte Burnett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT AND ADDRESS: Rosa Miller

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

450.0 Immediate cause (a) Senility — 2 years

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Arterial sclerosis

(c)

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. —

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from ....., 1951, to June 29, 1953, that I last saw the deceased alive on June 20, 1953, and that death occurred at ..... a.m., from the causes and on the date stated above.

SIGNATURE (Degree or title): [signature] ADDRESS: Md. DATE SIGNED: 6/30/53

23. BURIAL, ~~CREMATION~~ ~~REMOVAL~~ (Specify) — DATE THEREOF: 7-2-53 — NAME OF CEMETERY OR CREMATORY: ✓ Tomona — LOCATION (City, town, or county): ✓ Tomona (State): Md.

DATE REC'D BY LOCAL REG.: July 1-1953 — REGISTRAR'S SIGNATURE: Clara S. Barnes.
24. FUNERAL DIRECTOR: J. Willis Wells — ADDRESS: Chestertown
per. Iola H. Wells

RECEIVED
JUL 3 195?
BUREAU

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 06153 200

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) LAMBERT (Middle) D. (Last) BOWERS

4. DATE OF DEATH: (Month) June (Day) 3 (Year) 1953

5. SEX: M.

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed

8. DATE OF BIRTH: Jan. 16, 1871

9. AGE last birthday: 82 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Farm owner

10b. KIND OF BUSINESS OR INDUSTRY: Farm

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Pierce Bowers

14. MOTHER'S MAIDEN NAME: Margaret Laurence

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) —
(If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Miss. Margaret Bowers. Millington Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Cerebral Thrombosis — Interval Between Onset And Death: 3 wks

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Cardio-Vascular Disease, — 3 years.

DUE TO

(c)

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY (CITY OR TOWN) (COUNTY) (STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from March, 1953, to 3 June, 1953, that I last saw the deceased alive on 1 June, 1953, and that death occurred at 1.30 P.M.; from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard O Conegys M.D. ADDRESS DATE SIGNED 5 June 1953.

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 6, 1953

NAME OF CEMETERY OR CREMATORY Crumpton Cemetery

LOCATION (City, town, or county) (State) Crumpton Md.

DATE REC'D BY LOCAL REGISTRAR June 5, 1953

REGISTRAR'S SIGNATURE Edward Fellows.

24. FUNERAL DIRECTOR Edward Fellows. ADDRESS Millington Md.

VS. A15

RECEIVED
JUN 11 1953
BUREAU V. S.

M

06158

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (In this place) 1 mo.
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Queen Anne
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Queenstown 17X
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Otto (Middle) F. (Last) Capel
4. DATE OF DEATH (Month) June (Day) 9 (Year) 1953
5. SEX M.
6. COLOR OR RACE W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widowed
8. DATE OF BIRTH May 3 1884
9. AGE last birthday 69 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Watchman
10b. KIND OF BUSINESS OR INDUSTRY Fishing & Crabing
11. BIRTHPLACE (State or foreign country) Grasonville Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Wm Henry Capel
14. MOTHER'S MAIDEN NAME Lillie M. Brady
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)
16. SOCIAL SECURITY No. 214-18-4015
17. INFORMANT AND ADDRESS Mr. Otto H. Capel, Queenstown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Cardiac decompensation due to old rheumatic fever — INTERVAL BETWEEN ONSET AND DEATH Unknown

416x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-14, 1953, to June 9, 1953, that I last saw the deceased alive on June 9, 1953, and that death occurred at 10 A.M., from the causes and on the date stated above.

SIGNATURE A. Tick (Degree or title) M.D. ADDRESS Chestertown, Md DATE SIGNED 6-9-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 11 1953
NAME OF CEMETERY OR CREMATORY Chesterfield Cemetery
LOCATION (City, town, or county) (State) Centreville Maryland

DATE REC'D BY LOCAL REG. June 9-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams — ADDRESS Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 11 1953
BUREAU U.S.

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

06159

Reg. Dist. No. 203

MARGIN RESERVED FOR BINDING. PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH: COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Rock Hall; LENGTH OF STAY (In this place) 6 years; HOSPITAL OR INSTITUTION OR STREET ADDRESS Piney Neck

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural - Rock Hall; STREET ADDRESS (If rural, give location) Piney Neck

3. NAME OF DECEASED (Type or Print) (First)	(Middle)	(Last)	4. DATE OF DEATH (Month)	(Day)	(Year)
REESE	TAYLOR	CONLEY	6	18	1953

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year: Months	Days	If under 24 hrs.: Hours	Min.
M	W		March 22 1874	79 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Carpenter	Construction	Queen Anne's Maryland	U.S.A.

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Samuel Conley	Augusta Wall

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT AND ADDRESS
No	214-10-0717	Mrs. Reese Conley - Rock Hall Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Shot gun wounds - face & head	none
976X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Depression (1 month history)

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
	Home	Rock Hall	Kent	Md.

TIME OF INJURY (Month)	(Day)	(Year)	(Hour)	INJURY OCCURRED While at work ☐	Not while at work ☒	HOW DID INJURY OCCUR?
6	18	53	1:05 p.m.			Self inflicted -

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒ homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
R Hunt Wann	M.D.	Chestertown, Md	6-19-53

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	June 20 1953	Wesley Chapel Cemetery	Rock Hall, Kent Co. Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
6/20/53.	S. Elwood Burgess	Marvin C. Williams	Chestertown Md.

VS. A15A

RECEIVED
JUN 29 1953
BUREAU V. S.

06160

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent & Queen Anne Hospital	STREET ADDRESS (If rural, give location) Queen St.

3. NAME OF DECEASED (Type or Print)	(First) Kennard	(Middle) Earl	(Last) Everett	4. DATE OF DEATH	(Month) June	(Day) 20,	(Year) 1953 19
5. SEX male	6. COLOR OR RACE white	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married	8. DATE OF BIRTH Jan. 26, 1923	9. AGE last birthday 30 yrs.	If under 1 year Months	Days	If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electric Arc. Welder	10b. KIND OF BUSINESS OR INDUSTRY Power Co.	11. BIRTHPLACE (State or foreign country) Chestertown, Md.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME James Edward Everett		14. MOTHER'S MAIDEN NAME Mamie Weller	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) yes (If yes, give war or dates of service) WW II	16. SOCIAL SECURITY No. 218-12*1897	17. INFORMANT AND ADDRESS Catherine Mulford Everett Chestertown Maryland	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Uremia —	5 days —
824x Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Contusion of both kidneys	5 days
	(c) Operative repair of lacerations of jejunum — mesentery of small intestine, omentum — fracture of pelvis with tearing of urethra from bladder	5 days

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 6-15-53	19b. MAJOR FINDINGS OF OPERATION see above	20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) Highway	(CITY OR TOWN) near Chestertown	(COUNTY) Kent	(STATE) Md
TIME OF INJURY (Month) 6 (Day) 15 (Year) 53 (Hour) 12 noon	INJURY OCCURRED While at work ☒ Not while at work ☐	HOW DID INJURY OCCUR? Thrown from truck + crushed by truck — bodily ... in auto accident		

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☒, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE	(Degree or title)	ADDRESS	DATE SIGNED
Robert Starr	M.D.	Chestertown Md	6-22-53

23. BURIAL, CREMATION REMOVAL (Specify) Burial	DATE THEREOF June 23, 1953	NAME OF CEMETERY OR CREMATORY Chester Cemetery	LOCATION (City, town, or county) (State) Chestertown, Md.
DATE REC'D BY LOCAL REG. June 22-1953	REGISTRAR'S SIGNATURE Clara S. Barnes	24. FUNERAL DIRECTOR J. Willis Wells	ADDRESS Chestertown, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS: A15A

RECEIVED
JUN 24 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 06161

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS 216 Lynchburg St.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural give location) Lynchburg St.

3. NAME OF DECEASED: (Type or Print) (First) William (Middle) A .xxxxx (Last) Gilbert

4. DATE OF DEATH: (Month) June (Day) 3, (Year) I953

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): single

8. DATE OF BIRTH: Apr. 2, I928

9. AGE last birthday: 25 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired: Truck Driver

10b. KIND OF BUSINESS OR INDUSTRY: laborer

11. BIRTHPLACE (State or foreign country): Kent CO. Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Alonza Gilbert

14. MOTHER'S MAIDEN NAME: Lydia Lively

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service) none

16. SOCIAL SECURITY No.: 218-20-7818

17. INFORMANT & ADDRESS: Lydia Gilbert 216 Lynchburg St. Chestertown, Md.

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Myocardial degeneration — Interval Between Onset And Death: about 1 year

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. DUE TO (b) Pneumonia

DUE TO (c) neglected.

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1952 to June, 1953, that I last saw the deceased alive on 6/2, 1953, and that death occurred at 11:15 AM 6/3/53, from the causes and on the date stated above.

SIGNATURE (Degree or title) M.D. ADDRESS Rock Hall DATE SIGNED 6/3/53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 1953 NAME OF CEMETERY OR CREMATORY Pomona (col.) Cem. LOCATION (City, town, or county) nr. Chestertown, Md. (State)

DATE REC'D BY LOCAL REGISTRAR June 6 - 1953 REGISTRAR'S SIGNATURE Clara L. Barnes.

24. FUNERAL DIRECTOR J. Willis Wells - Chestertown, Md. ADDRESS

VS. A15

RECEIVED
JUN 8

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 162

CERTIFICATE OF DEATH

Reg. Dist. No. 202

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural - Chestertown
LENGTH OF STAY (in this place) life
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown Rural
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) Wesley (Middle) (Last) Harris

4. DATE OF DEATH: (Month) (Day) (Year) June 15, 1953

5. SEX: male

6. COLOR OR RACE: colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: Nov. 11, 1882

9. AGE last birthday: 70 yrs.
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION Give kind of work done during most of working life, even if retired): Waterman

10b. KIND OF BUSINESS OR INDUSTRY: river boats

11. BIRTHPLACE (State or foreign country): Kent. Co. Maryland

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME: dont know

14. MOTHER'S MAIDEN NAME: Mary ? Harris

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no
(If Yes, give war or dates of service)

16. SOCIAL SECURITY No.: yes

17. INFORMANT & ADDRESS: Gertrude Harris Chestertown, Md. Rural

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

422.1

Immediate cause (a) Myocardial degeneration — Interval Between Onset And Death: several years

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.
DUE TO (b) Arteriosclerosis
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURED While at Work ☐ Not While At Work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from July, 1907, to June, 1953, that I last saw the deceased alive on June 13, 1953, and that death occurred at 9 A. M., from the causes and on the date stated above.

SIGNATURE E Kirby M.D. (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE THEREOF June 18, 1953

NAME OF CEMETERY OR CREMATORY Pomona Cemetery

LOCATION (City, town, or county) (State) near - Chestertown, Md.

DATE REC'D BY LOCAL REGISTRAR June 18 1953

REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR J. illis ells ADDRESS Chestertown, Md.

RECEIVED
JUN 22 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

06163

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 2021

1. PLACE OF DEATH: COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; LENGTH OF STAY (in this place) Life; HOSPITAL OR INSTITUTION OR STREET ADDRESS 210 College Ave

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland; COUNTY Kent; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown; STREET ADDRESS (If rural, give location) 210 college ave

3. NAME OF DECEASED (Type or Print): (First) James (Middle) LEWIS (Last) JOHNSON

4. DATE OF DEATH: (Month) June (Day) 16 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Apr. 23 1916

9. AGE last birthday: 37 yrs. If under 1 year: Months; If under 24 hrs.: Days, Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Honga Md.

12. CITIZEN OF WHAT COUNTRY? U. S. A.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. (If yes, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS: Welfare Agency, Chestertown Md

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Gunshot wound (shotgun) of chest + abdomen — Interval between onset and death: instan - taneous

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

976X

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY ☒ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY Home

(CITY OR TOWN) Chestertown (COUNTY) Kent (STATE) Md.

TIME OF INJURY (Month) (Day) (Year) (Hour) 6 - 16 - 53 5-16 a.m.

INJURY OCCURRED While at work ☐ Not while at work ☒

HOW DID INJURY OCCUR? Probably self inflicted

22. *I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐ accident ☐, suicide ☒ homicide ☐ undetermined ☐* Medico-Investigation not yet complete

SIGNATURE: R. Lee Wharton (Degree or title) M.D. ADDRESS: Chestertown DATE SIGNED: 6-17-53

23. BURIAL, CREMATION, REMOVAL (Specify): Burial

DATE THEREOF: June 18 1953

NAME OF CEMETERY OR CREMATORY: Chestertown Md.

LOCATION (City, town, or county) (State): Chestertown Md

DATE REC'D BY LOCAL REG.: June 18-1953

REGISTRAR'S SIGNATURE: Clara L. Barnes.

24. FUNERAL DIRECTOR: Marvin V. Sullivan. ADDRESS: Chestertown Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AHA

RECEIVED
JUN 22 1953
BUREAU V. S.

164

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
LENGTH OF STAY (in this place): 24 hrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: Kent & Queen [illegible]

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: [illegible] — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: [illegible]
STREET ADDRESS (If rural, give location): "Lucky Acres"

3. NAME OF DECEASED (Type or Print): (First) Frederick (Middle) L. (Last) [illegible]
4. DATE OF DEATH: (Month) June (Day) 23 (Year) 1953
5. SEX: Male
6. COLOR OR RACE: [illegible]
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): [illegible]
8. DATE OF BIRTH: [illegible] 26 1889
9. AGE last birthday: 64 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): [illegible]
10b. KIND OF BUSINESS OR INDUSTRY: [illegible]
11. BIRTHPLACE (State or foreign country): Brooklyn N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: [illegible]
14. MOTHER'S MAIDEN NAME: [illegible]
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 145-05-2440
17. INFORMANT AND ADDRESS: Mrs. Evelyn B. [illegible] Rock Hall, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

18 Immediate cause (a) Carcinoma of bladder — INTERVAL BETWEEN ONSET AND DEATH: About 2 yrs

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b)

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: May 11/53
19b. MAJOR FINDINGS OF OPERATION: Inoperatable carcinoma of bladder
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1953, to June 23, 1953, that I last saw the deceased alive on June 23, 1953, and that death occurred at 11 05 a.m. from the causes and on the date stated above.

SIGNATURE (Degree or title): Willard F Smith MD — ADDRESS: Rock Hall, Md — DATE SIGNED: 6/23/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF: June 26, 1953
NAME OF CEMETERY OR CREMATORY: [illegible] Cemetery
LOCATION (City, town, or county) (State): Long Island New York

DATE REC'D BY LOCAL REG.: June 24-1953
REGISTRAR'S SIGNATURE: Clara S. Barnes
24. FUNERAL DIRECTOR: Marvin [illegible] — ADDRESS: [illegible] Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 26 1953
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 115

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH — COUNTY: Kent — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown — LENGTH OF STAY (in this place): 60 yrs.
HOSPITAL OR INSTITUTION OR STREET ADDRESS: 203 Maple Ave.

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Chestertown
STREET ADDRESS (If rural, give location): 203 Maple Ave.

3. NAME OF DECEASED (Type or Print): (First) Sarah (Middle) C. (Last) Robinson
4. DATE OF DEATH: (Month) June (Day) 21 (Year) 1953
5. SEX: [illegible]
6. COLOR OR RACE: W.
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Nov. 20 1867
9. AGE last birthday: 85 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Kings Point Recd. Co. Md
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Wm Jones
14. MOTHER'S MAIDEN NAME: Hannah Knock
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT AND ADDRESS: Edward Robinson Chestertown Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Cerebral Hemorrage last 7 days

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) High blood pressure

(c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Organic heart trouble

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) — PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) — (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m. — INJURY OCCURRED While at Work ☐ Not While At work ☐ — HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 1-1, 1951, to 6-20, 1953 that I last saw the deceased alive on 6-20, 1953 and that death occurred at 10:50 A m., from the causes and on the date stated above.

SIGNATURE: H. Copeland Jr. (Degree or title) — ADDRESS: Chestertown Kent Co. — DATE SIGNED: Md

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF: June 23 1953 — NAME OF CEMETERY OR CREMATORY: [illegible] — LOCATION (City, town, or county) (State): Chestertown Md.

DATE REC'D BY LOCAL REG.: June 22-1953 — REGISTRAR'S SIGNATURE: Clara S. Barnes — 24. FUNERAL DIRECTOR: [illegible] — ADDRESS: [illegible] Md

RECEIVED
JUN 24 1953
BUREAU V. S.

05166

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY KENT MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN CHESTERTOWN
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS KENT + QUEEN ANNE'S HOSP.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE MD COUNTY KENT
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN BETTERTON
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED: (Type or Print) (First) CHARLES (Middle) HOWARD (Last) SMITH
4. DATE OF DEATH: (Month) JUNE (Day) 8 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. ~~SINGLE, MARRIED,~~ WIDOWED, ~~DIVORCED,~~ (Specify):
8. DATE OF BIRTH: JUNE 25, 1890
9. AGE last birthday: 62 yrs. IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) CARPENTER
10b. KIND OF BUSINESS OR INDUSTRY: ABERDEEN PROVING GRDS.
11. BIRTHPLACE (State or foreign country): BETTERTON, MD.
12. CITIZEN OF WHAT COUNTRY? US.

13. FATHER'S NAME: CHARLES H. SMITH
14. MOTHER'S MAIDEN NAME: ELEANOR BRICE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) UNKNOWN (If Yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: 221-59-4634
17. INFORMANT & ADDRESS: HOSPITAL RECORDS J. Howard Smith Chestertown R.D. #1, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH: 331X

Immediate cause (a) CEREBRAL VASCULAR ACCIDENT — INTERVAL BETWEEN ONSET AND DEATH: 7 days

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b)

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) —
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) — (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) M.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR? —

22. I hereby certify that I attended the deceased from June 3, 1953, to June 8, 1953, that I last saw the deceased alive on June 7, 1953, and that death occurred at 7:10 A.m., from the causes and on the date stated above.

SIGNATURE [signature] (DEGREE OR TITLE) ADDRESS Chestertown, Md. DATE SIGNED 6/8/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE THEREOF June 10 1953
NAME OF CEMETERY OR CREMATORY Still Pond Cemetery
LOCATION (City, town, or county) Still Pond (State) Maryland

DATE REC'D BY LOCAL REG. June 8-1953
REGISTRAR'S SIGNATURE Clara S. Barnes.
24. FUNERAL DIRECTOR Marvin V. Williams - Chestertown ADDRESS Md

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS-A10 8-51

RECEIVED
JUN 11 1953
BUREAU W. &

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No. 2022

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A16 8-51

1. PLACE OF DEATH:
COUNTY Kent — MARYLAND
CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN Chestertown
LENGTH OF STAY (in this place) 2-3 days
HOSPITAL OR INSTITUTION OR STREET ADDRESS Kent and Q. A. Hosp.

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Maryland — COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
STREET ADDRESS (If rural, give location) High St Extended Travilah

3. NAME OF DECEASED: (Type or Print) (First) Michael (Middle) (Last) Speck

4. DATE OF DEATH: (Month) June (Day) 10 (Year) 1953

5. SEX: Male

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Single

8. DATE OF BIRTH: Dec. 24, 1878

9. AGE last birthday: 74 yrs. — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Dynamiter

10b. KIND OF BUSINESS OR INDUSTRY: High Explosives

11. BIRTHPLACE (State or foreign country): New York City, N.Y.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: John Speck

14. MOTHER'S MAIDEN NAME: Not known

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) Unk (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.:

17. INFORMANT & ADDRESS: Hosp. Records

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH:

416X

Immediate cause (a) Cardiac decompensation — Interval between onset and death: 4 weeks

DUE TO

Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating underlying cause last (b) Rheumatic heart disease — Unknown

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) M.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5-16, 1953, to 6-10, 1953, that I last saw the deceased alive on 6-10-53, 1953, and that death occurred at 2:45 P. m., from the causes and on the date stated above.

SIGNATURE Ord Dick (DEGREE OR TITLE) M.D. ADDRESS Chestertown, Md. DATE SIGNED 6-10-53

23. BURIAL, CREMATION REMOVAL (Specify): Burial — DATE THEREOF June 13, 1953 — NAME OF CEMETERY OR CREMATORY St. Paul Cem. — LOCATION (City, town, or county) near - Chestertown, Md. (State)

DATE REC'D BY LOCAL REG. June 12-1953 — REGISTRAR'S SIGNATURE Clara L. Barnes

24. FUNERAL DIRECTOR J. Willis Wells — ADDRESS Chestertown, Md.

RECEIVED
JUN 15
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1168

CERTIFICATE OF DEATH

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Chesterville
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) EMMA (Middle) COMAS (Last) TAYLOR

4. DATE OF DEATH: (Month) June (Day) 29 (Year) 19 53

5. SEX: F.
6. COLOR OR RACE: Colored
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widowed
8. DATE OF BIRTH: Unknown 1880
9. AGE last birthday: 73 yrs.
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Domestic
11. BIRTHPLACE (State or foreign country): Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Elijah Comas
14. MOTHER'S MAIDEN NAME: Mary Chatt

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)
16. SOCIAL SECURITY No.: none
17. INFORMANT'S ADDRESS: Mrs. Charles Duckery - Chesterville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause 44 3X (a) Stroke — Interval Between Onset And Death: 8 days

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last. (b) Hy pertensive Heart Disease — 4 years

DUE TO

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURED While at Work ☐ Not While At Work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Mar 21, 19 49 to June 29, 19 53, that I last saw the deceased alive on June 29, 19 53, and that death occurred at 11 02 P.M.; from the causes and on the date stated above.

SIGNATURE H. N. Hamilton (Degree or title) MD ADDRESS Millington Md DATE SIGNED July 2nd 53

23. BURIAL, CREMATION, REMOVAL (Specify) Burial
DATE THEREOF July 2. 1953
NAME OF CEMETERY OR CREMATORY Davis Hill Cemetery
LOCATION (City, town, or county) Rural Kent Co. (State) Md.

DATE REC'D BY LOCAL REGISTRAR July 2. 1953
REGISTRAR'S SIGNATURE Edward Sellous
24. FUNERAL DIRECTOR Edward Sellous
ADDRESS Millington Md.

RECEIVED
JUL 7 1953
BUREAU V

169

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 202

1. PLACE OF DEATH: COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Chestertown
LENGTH OF STAY (in this place) 2 months
HOSPITAL OR INSTITUTION OR STREET ADDRESS —

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Caroline
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Near Denton Rd.
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) Herbert (Middle) Taylor (Last) Thomas
4. DATE OF DEATH (Month) June (Day) 10 (Year) 1953
5. SEX male
6. COLOR OR RACE Col
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widower
8. DATE OF BIRTH June 4 1886
9. AGE last birthday 67 yrs. If under 1 year Months Days 6 If under 24 hrs. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm worker
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (State or foreign country) Garmoney Md.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME Isreal Thomas
14. MOTHER'S MAIDEN NAME Martha Caplins
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO. —
17. INFORMANT George Thomas Chestertown Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

181X Immediate cause (a) Cancer of bladder
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) not known
(c)

INTERVAL BETWEEN ONSET AND DEATH: Second month

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 9, 1953, to June 9, 1953 that I last saw the deceased alive on June 8, 1953, and that death occurred at 5:20 P m., from the causes and on the date stated above.

SIGNATURE H. P. Copeland Jr. (Degree or title) ADDRESS Chestertown DATE SIGNED Md

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF June 12 53
NAME OF CEMETERY OR CREMATORY St. Paul Church
LOCATION (City, town, or county) Near Denton (State) Md

DATE REC'D BY LOCAL REG. June 11-1953
REGISTRAR'S SIGNATURE Clara S. Barnes
24. FUNERAL DIRECTOR J. Virgil Moore & Son
ADDRESS Denton

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
JUN 15 1923
BUREAU V. S.

06170

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 200

1. PLACE OF DEATH — COUNTY: Kent County — MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sassafras
LENGTH OF STAY (in this place):
HOSPITAL OR INSTITUTION OR STREET ADDRESS:

2. USUAL RESIDENCE (HOME) OF DECEASED — STATE: Maryland — COUNTY: Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN: Sassafras
STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print): (First) JOHN (Middle) RAYMOND (Last) THORNLEY
4. DATE OF DEATH: (Month) June (Day) 24th (Year) 1953
5. SEX: Male
6. COLOR OR RACE: White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married
8. DATE OF BIRTH: Jan 25, 1875
9. AGE last birthday: 78 yrs. — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Retired Farmer
11. BIRTHPLACE (State or foreign country): Maryland
12. CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME: James Thornley
14. MOTHER'S MAIDEN NAME: Mary Wagner
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT AND ADDRESS: Mrs Ida Thornley - Sassafras, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

420.1 Immediate cause (a) Hypertensive Cardio-Vascular Disease — 5 yrs

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Coronary Thrombosis — 10 hours

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from May, 1945, to June 24, 1953 that I last saw the deceased alive on June 23, 1953, and that death occurred at 2 A.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED
Walter H. Lee M.D. Middletown Del 6/26/53

23. BURIAL, CREMATION REMOVAL (Specify): Burial
DATE: 6/26/53
NAME OF CEMETERY OR CREMATORY: Galena Cemetery
LOCATION (City, town, or county) (State): Galena, Md

DATE REC'D BY LOCAL REG.: June 26, 1953
REGISTRAR'S SIGNATURE: Edward Fellows
24. FUNERAL DIRECTOR: G. Lester Daniels, Middletown, Del

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 415

RECEIVED
JUN 30 1953
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

06171

Reg. Dist. No. 200

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

1. PLACE OF DEATH:
COUNTY Kent MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED:
STATE Md. COUNTY Kent
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Millington
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED: (Type or Print) (First) DELMA (Middle) E. (Last) WOODALL

4. DATE OF DEATH: (Month) June (Day) 19 (Year) 19 53

5. SEX: Female

6. COLOR OR RACE: White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Married

8. DATE OF BIRTH: June 11, 1882

9. AGE last birthday: 71 yrs. IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION. Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Domestic

11. BIRTHPLACE (State or foreign country): Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME: Samuel Wallen

14. MOTHER'S MAIDEN NAME: Susie Rudder

15 WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unk.) no (If Yes, give war or dates of service)

16. SOCIAL SECURITY NO.: none

17. INFORMANT & ADDRESS: Grover C. Woodall - Millington Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

420.1

Immediate cause (a) Acute Coronary Occlusion — Interval Between Onset And Death: Sudden death

DUE TO

Antecedent causes (s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last.

(b) Coronary Insufficiency with Thrombosis — 6 wks

DUE TO

(c) Chronic Myocarditis with Hypertension — 10 yrs +

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION: 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify) PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m. INJURY OCCURED While at Work ☐ Not While At Work ☐ HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 7 May, 1953, to 19 Jun, 1953, that I last saw the deceased alive on 15 June, 1953, and that death occurred at 8:30 P.M., from the causes and on the date stated above.

SIGNATURE (Degree or title) Richard W. Emerson MD ADDRESS Clayton Delaware DATE SIGNED 20 June 1953

23. BURIAL, CREMATION, REMOVAL (Specify) Burial DATE THEREOF June 22, 1953 NAME OF CEMETERY OR CREMATORY Crumpton Cemetery LOCATION (City, town, or county) (State) Crumpton-Q.A. Co. Md.

DATE REC'D BY LOCAL REGISTRAR June 20, 1953 REGISTRAR'S SIGNATURE Edward Fellows.

24. FUNERAL DIRECTOR Edward Fellows ADDRESS Millington Md.

VS. A15

RECEIVED
JUN 26 1953
BUREAU V. S.